



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

November 2, 2015

Ms. Lyne Limoges, Manager
Scenic View Community Care Home
979 Vt Route 100, PO Box 154
Westfield, VT 05874-0154

Dear Ms. Limoges:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **September 28, 2015**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief



PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2015
NAME OF PROVIDER OR SUPPLIER SCENIC VIEW COMMUNITY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 979 VT ROUTE 100, PO BOX 154 WESTFIELD, VT 05874		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced onsite complaint investigation was conducted by the Division of Licensing and Protection on 9/28/15. The following regulatory deficiencies were identified.	R100		
R167 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.d If a resident requires medication administration, unlicensed staff may administer medications under the following conditions: (5) Staff other than a nurse may administer PRN psychoactive medications only when the home has a written plan for the use of the PRN medication which: describes the specific behaviors the medication is intended to correct or address; specifies the circumstances that indicate the use of the medication; educates the staff about what desired effects or undesired side effects the staff must monitor for; and documents the time of, reason for and specific results of the medication use. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the home failed to ensure that there was a written plan for unlicensed staff for the administration of PRN (as needed) psychoactive medications for 3 of 3 residents sampled (Residents #1, #2, and #3). Findings include: 1. Per record review on 9/28/15, Resident #1 had a PRN order for Lorazepam 0.5 mg. three times daily as needed for anxiety/restlessness. Per review of the record, there was no behavior plan	R167	See next page	

Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

8800

TIWI11

If continuation sheet 1 of 3

PRINTED: 10/13/2015
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2015
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R167	Continued From page 2 administer this medication, what behaviors it was targeting, or side effects to monitor for. Per interview on 9/28/15 at 2:45 PM, The RN for the home confirmed that Resident #3 did not have a written plan in place for the appropriate use of the anti-anxiety medication.	R167		
R190 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff. This REQUIREMENT is not met as evidenced by: Based on employee file review and staff interview, the home failed to ensure that 1 of 3 employees reviewed had completed background checks. Findings include: Per employee file review on 9/28/15, one new employee did not have the Child or Adult Abuse Registry checks on file. Per interview on 9/28/15 at 12:20 PM, the home's owner confirmed that the employee had been working with residents for about a week, and that the Abuse Registry checks were not completed before employment started.	R190	<p>5.12.b(4)</p> <p>All employees have had background checks including Adult & Child Abuse Registry checks.</p> <p>Checks will be done prior to hiring or beginning first shift</p> <p><i>[Signature]</i></p> <p>Addendum: Home owner/manager will be responsible for monitoring for ongoing compliance</p>	9/29/15

Division of Licensing and Protection
STATE FORM

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TIW111 (per TC w/ Lynn Lymoge on 10/28/15)

If continuation sheet 3 of 3

POC accepted w/ addendum
Karen Campor-RN

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0151	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2015
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R167	<p>Continued From page 1</p> <p>in place that included the specific behaviors that would indicate its use, the desired effects, possible side effects, and non-pharmacological interventions that may also be used to alleviate the symptoms. Per interview on 9/28/15 at 2:25 PM, the RN licensee of the home confirmed that Resident #1 was able to indicate to staff when s/he was feeling anxious and ask for a dose of Lorazepam. Per this interview also confirmed that there was no written plan in place for unlicensed staff to guide them on the use of the psychoactive medication for this resident.</p> <p>2. Per record review on 9/28/15, Resident #2 had an order for Lorazepam 0.5 mg. PO (by mouth) as needed for increased anxiety, no more than 2 doses in 24 hours. The resident also had an order for Lorazepam 1 mg. scheduled at bedtime. Per review of the resident's record, there was no written plan in place for the use of the psychoactive anti-anxiety medication, including no direction to unlicensed staff about how far to space out the as needed doses with regards to the bedtime scheduled dose, as well as a lack of behaviors indicating use, any non-pharmacological interventions, or list of side effects to monitor. Per interview on 9/28/15 at 2:45 PM, the Registered Nurse of the home confirmed that there was no plan in place to guide unlicensed staff in the appropriate administration of the as needed anxiety medication for this resident.</p> <p>3. Per record review on 9/28/15, Resident #3 had an order for Lorazepam 0.5 mg. as needed. There was no reason to administer this medication listed in the order signed by the M.D. or in the Medication Administration Record. Also there was no written plan in place to indicate to unlicensed staff when it would be appropriate to</p>	R167	<p>5.10 Medication Management</p> <p>All Residents Charts, including those from this survey have been reviewed and all PRN orders have been updated with a written plan, also ordered by the Resident Primary Physician, for all PRN medication-psychoactive and otherwise.</p> <p>Our admission policy will include Review of all PRN medications verifying a written plan is in place for administration thereof.</p> <p>Telephone addendum: <i>Lynn</i> RN will be responsible for monitoring for compliance.</p>	<p>9/30/15</p> <p>10/7/15</p>

Division of Licensing and Protection
STATE FORM

M22

TIWH1

If continuation sheet 2 of 3

Per Lynn Lynoge

POC accepted w/addendum

Karen Campos RN
10/28/15